P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 Texas Ethics Commission FORM C/OH CANDIDATE / OFFICEHOLDER 6302 COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT# 2 Total pages filed: The C/OH Instruction Guide explains how to complete (Ethics Commission filers) 6 this form. MS/MRS/MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Y-laude NAME Date Received SUFFIX NICKNAME Montemayor ADDRESS / PO BOX. 4 CANDIDATE/ P.C.BCX 152855 OFFICEHOLDER MAILING Date Hand-delivered or Date Postmarked **ADDRESS** Austin, Texas 28715 Change of Address PHONE NUMBER AREA CODE CANDIDATE/ **OFFICEHOLDER** (5/2) 507-8534 Receipt # PHONE Date Processed MS/MRS/MR CAMPAIGN **TREASURER** Date Imaged NAME SUFFIX NICKNAME Ireland STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE: 7 CAMPAIGN TREASURER P.C. Box 152855 Austin. Texas 78715 **ADDRESS** (Residence or business) PHONE NUMBER AREA CODE 8 CAMPAIGN EXTENSION TREASURER (5/2) PHONE 9 REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 Runoff 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit 10 PERIOD THROUGH COVERED 06 /26 /2006 UX /26 /2006

	Month Day Year (₹3 / 0 7 / 2 6 X Pri	mary Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUG	HT (it known) 7- 12 vi	s County Let. 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE "Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consecution only if they receive notification of the direct campaign expenditures are required to disclose this information only if they receive notification of the direct campaign expenditures.				
BY OTHER INDIVIDUALS	Name			
additional pages	Address / PO Box: Apt. / Suite #. City: State	; Zip Code		

ELECTION TYPE

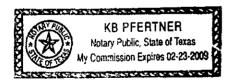
ELECTION DATE

11 FLECTION

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME VO/ Unda Montenies Commission Pers)				
17 NOTICE FROM POLITICAL COMMITTEE(S)	 This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. 			
COMMITTEE(S)	COMMITTEE NAME COMMITTEE TYPE			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
adduonal pages COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
· · · · · · · · · · · · · · · · · · ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 1,231.52	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,004.72	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 0.00	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 10,000-00	
19 AFFIDAVIT			<u></u>	
		I swear, or affirm, under penalty of pe	rjury, that the accompanying report	



me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

is true and correct and includes all information required to be reported by

orn to and subscribed before me, by the said YOLANDA MONTEMAYOR

, to certify which, witness my hand and seal of office.

ering oath

Printed name of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1-800-325-8506

The Instruction	ાત્ર Guide explains how to complete this form.	1	Total pages Sche	A
2 FLER NAME		3	3 ACCOUNT # (Ethics Commission filers)	
3/3/4 is	5 Full name of contributor Dout-of-state PAC (10#:		Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu		10 Employer (See Instr	uctions)	
3/3/06	Full name of contributor out-of-state PAC (104) Amalgamated Trans. t Un Contributor address; City; State; Zip Code 5015 w scansin Ave N W	ien	Amount of contribution (S)	In-kind contribution description (if applicable)
^p rincipal occu	pation/Job title (See Instructions)	Employer (See Instru	uctions)	
Date 3/ より/ょし	Full name of contributor Out-of-state PAC (ID#) JUNEALE M. Bent! Contributor address: City: State; Zip Code 2021 Justin Ln Austin, Texas 78757		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	Ictions)	<u> </u>
3/2 1/0 L	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ections)	
Date	ਿੰਗ name of contributorout-of-state PAC (ID# Contributor address; City: State: Zip Code		Amount of contribution (S)	In-kind contribution description (if applicable)
Principal occur	vation / Job title (See Instructions)	Employer (See Instru	 ctions)	
Principal оссии	ATTACH ADDITIONAL COPIES		·	

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PO. Box 12070

POLITICAL EXPENDITURES		SCHEDULE F	
The instruction Guine explains how to complete this form.	. •	1 Total pages Schedule F:	
2 HERNAME Volanda Mintemayor 4 Date 5 Payee name		imas Carrerssion (Lers)	
4 Date 5 Payee name ATAT 3/2/66 Payee address: City; State: Zip 555 Main 55 Km	Code	Amount (S) S 137.96	
Beaumont, Texa			
8 Furpose of payment (See instructions regarding type of Informatio equired.) Physics for Lampaign		ienefit C/OH ・・ e sough: ೦೫.ce held	
Date Payee name Aus 5 - Tok Point	ing	Amount (\$)	
Payee address; City: State: Zip 243: Foches D. Austin Texas		848.72	
Purpose of payment (See instructions regarding type of information required.)		penefit C/OH •• re sough: Office held	
Date Payee name Payee address: City: State: Zip	Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required)	301111111111111111111111111111111111111	penefit C/OH •• de sought Office held	
Date Payee name Payee address; City; State; Zip	Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		penefit C/OH ce sough: Office held	
ATTACH ADDITIONAL C	OPIES OF THIS FORM AS NEEDED		

(512) 463-5800 1-800-325-8506 Tspas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 1 Total pages Schedule Gr The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Etnos Commission Fers) 2 FILER NAME Cate 5 Payee name 1. 1 State Munitipuyor Date 6 Payee address, City: State: Zip Code 2.8/06 2431 Faches D. Amount \$1.679.76 Austra, Texas 78757 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions Payse name Tux Tux Printing Payse address: City: State: Zip Code 273, Folker b intended Amount 5/157:26 1/1/8/ Austin, Texas 78759 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions frot will + mail ay intended Payee name | H > - T + P nhity Payee address; City; State; Zio Code | A Y 3 / Fethers | D C. Amount \$5,22.70 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions Consaids - Maring Amount Payee address: City: State: Zip Code 3/2/26 \$22700 1 3. Bex 40066 Austin Texas 78765 Europse of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Lampunga Ad Amount Date Paves name Payee address. City, State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(512)463-5800 1-800-325-8506

		IDIDATE / OFFICEHOLDER REPOR	RT: FORM C/OH - FR		
	The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"				
1	C/OH N	IAME Yolahda Muntamagar	2 ACCOUNT # (Ethics Commission filers)		
3	SIGNA				
	a rep	ot expect any further political contributions or political expenditures in conne ort as a final report terminates my campaign treasurer appointment. I a butions or make any campaign expenditures without a campaign treasurer a	ilso understand that I may not accept any campaign		
		×	Signature of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Check only one:				
	V	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longer understand that I must dispose of unexpended political contributions an contributions in accordance with the requirements of Election Code, § 254.2	ne earned on political contributions to personal use. I ins and that I may not retain unexpended contributions r than six years after filing this final report. Further, I d unexpended interest or income earned on political		
	В.	ASSETS			
	Chec	conty one:			
		I do not retain assets purchased with political contributions or interest or o	ther income from political contributions.		
		I do retain assets purchased with political contributions or interest or other may not convert assets purchased with political contributions or interest cuse. I also understand that I must dispose of assets purchased with politic Election Code. § 254.204.	r other income from political contributions to personal		
		×.	Signature of Candidate		
5		FICEHOLDER Complete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeham also aware that I will be required to file reports of unexpended contribution purchased with political contributions or interest or other income from political contributions.	ons if, at the time I cease holding office, I retain assets		
		•	Signature of Officeholder		

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